

Parent's Name: _____

Parent's Phone #: _____

**2020 CSNN Annual Conference
Child/Sibling Registration Form for Respite Care**

Please complete a separate form for EACH child with special needs. Please return this ASAP, and no later than noon on Friday, January 31, 2020 to allow sufficient preparation for your child. If your child needs a G-tube feeding or medications, please plan to come during your breaks at the conference or even during a session, as needed, to assist your child with these needs. Please be sure your child's personal supplies are labeled. We will be serving snacks, water and pizza for lunch, so if your child has a special diet, please bring lunch and snacks to the conference for them. Please dress your child for possible outdoor activities and bring strollers and wheelchairs if your child needs assistance with walking.

Child with Special Needs Name: _____

Age: _____ DOB: _____ Sex: _____ Race: _____

Diagnosis: _____

Parent/Guardian name: _____

Siblings attending: _____

Cell phone # for contact during the conference if needed (**PLEASE set on vibrate**): _____

My children will attend: ___ All Day ___ a.m. only ___ p.m. only

Seizures:	_____ No	_____ Yes	_____ controlled with medication
Asthma:	_____ No	_____ Yes	_____ controlled with medication
Diabetes:	_____ No	_____ Yes	_____ controlled with medication
ADD/ADHD:	_____ No	_____ Yes	_____ controlled with medication

Food Allergies: _____

Explain: _____

Eating/Drinking: ___ Bottle ___ Assisted ___ Self ___ G-Tube

Special Instructions: _____

Toileting: ___ Diapers ___ Assisted ___ Self ___ Change of clothes

Explain: _____

Other Allergies: _____
Explain: _____

Mobility: _____ Walks alone _____ Walks w/ assistance _____ Walks with a walker
_____ Uses wheelchair: _____ power _____ manual
Explain: _____

Additional Equipment: _____ Helmet _____ AFOs _____ Trache _____ Oxygen
Explain: _____

Nap required: _____ No _____ Yes
Explain: _____

Playing and Interacting:
Favorite activity _____ Toy _____
Game _____ Music _____ Other _____

Behaviors requiring special management: _____ No _____ Yes, please explain
_____ Runs _____ Scratches _____ Bites _____ Kicks _____ Hits _____ Spits
_____ Pulls hair _____ Sensory Integration issues _____ Wanders off _____ Screams
_____ Self Stimulating issues – explain: _____

Other: _____

Control these behaviors by: _____

Help my child relax by: _____

Additional helpful information about my children: _____

_____ I understand that childcare is being provided by trained professionals and volunteers and I assume all risks and hazards of the conduct of the program and release from responsibility any person providing activities for the program. In case of injury, I do hereby waive all claims or legal actions, financial or otherwise against all sponsoring agencies, their elected and appointed officials, employees, the organizers, sponsors, supervisors, or any volunteers connected to the Children's Special Needs Network and this conference. My signature constitutes acceptance of the conditions set forth in this release.

Children's Names: _____

Signature of Parent/Guardian: _____

Printed name: _____ Date: _____

_____ I grant full permission to use any photographs, videotapes, motion pictures, recording, or any other record of this program for promotion of the sponsoring agencies.

_____ I consent to the filming, photographing, and other recording of my child and/or myself during the parent conference.

_____ I understand I have the right to request cessation of the recording or filming at any time.

_____ I understand I have the right to rescind consent for the use of the videotapes and/or photographs up until a reasonable time before the recording or film is used.

By my signature below, I affirm that I have read the above, was afforded an opportunity to ask for clarification, understand and agree to the above.

Children's Names: _____

Signature of Parent/Guardian: _____

Printed Name: _____ Date: _____